

Shreveport Public Assembly and Recreation 2014 Adult Spring Softball Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$265.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED (Team Entry Deadline: March 21, 2014)

SEASON BEGINS April 7, 2014

TEAM NAME:				_NEW TEAM (Circle One	e): YES NO
LEAGUE: (Circle One Per	Group)	MEN / WO	MEN	CHUR	CH / (OPEN
CLASSIFICATION LEVEL REQUESTED: (Over-The-Fence Home Run Limits) MEN WOMEN LEAGUE		A Unlimited 1	B 6 2	C 3 Up 3	D 1 UP 4	
TEAM NAME LAST YEAR:						
COACH'S NAME:						
HOME ADDRESS:(Street)(City)					(Apt / Lot :	#)
				(Zip Code)		
W/PHONE:	CELL PHONE:			FAX:_	FAX:	
H/PHONE:	EMAIL: Must have an Email Address					
ASST. COACH'S NAME:						
HOME ADDRESS:(Street)					(Apt / Lot	#)
	(City)				(Zip Code)
W/PHONE:	CELL PHONE:		FAX:			
H/PHONE:		IL: have an Email Add	ress			
AMOUNT \$:	DATE:/_	R SPAR USE _/ RECEIF	ONLY PT#:		RECEIVE	ED BY:
Please list any dates/days/times request.	and reason y	our team <mark>ABSOLU</mark>	<mark>ΓΕLΥ</mark> ca	nnot play. We	will <u>attempt</u>	to honor your